

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036308

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9477

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. FILED OCT 1 1 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTYc. CITY
OR TOWN ST. LOUISInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Louis City Hosp. #1

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

604 CHESTNUT

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Walter

Middle

Last

Jacobson

4. DATE
OF DEATH

Month

Day

Year

9

2

62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/26/96

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

DENMARK

12. CITIZEN OF WHAT COUNTRY

??

13a. FATHER'S NAME

JOHN

13b. MOTHER'S MAIDEN NAME

ANNA

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

UNKNOWN

17. INFORMANT

ST. LOUIS CITY HOSP. #1

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal cell carcinoma with Generalized Metastases

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

180 X

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Adenocarcinoma of Rectum

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-26-62 to 9-2-62 and last saw her alive on 9-2-62

Death occurred at 10:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ross D. B. Jader MD

22b. ADDRESS

1515 Lafayette Ave.

22c. DATE SIGNED

9-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE 10-31-1962

23c. NAME OF CEMETERY OR CREMATORY

Rowland-Aker Mortuary Service

Anatomical Board

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL HOME

St. Louis 10, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

OCT 4 1962

REGISTRAR'S SIGNATURE

R. D. Smith, M.D.

BLADES

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.